

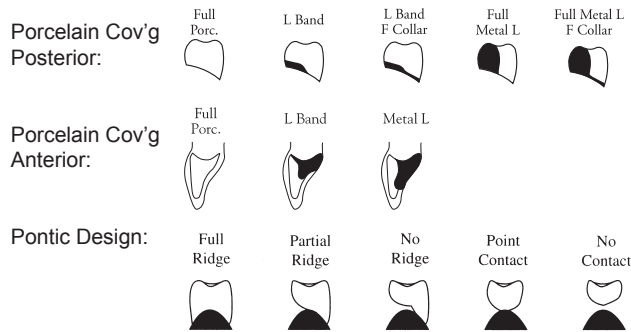
Doctor's Name _____ Telephone Number _____

Street Address _____ City/State/Zip _____

Patient Name or Identification Number _____ Age _____ Sex _____

Date Sent _____ Tooth # _____

Fixed Prosthodontics



Ridge Relief:

- None Medium Slight Heavy

Restoration Type:

- Basic ZR™ PFM
 Advanced ZR™ HN – White/Yellow
 Elite ZR™ Noble
 Lava Esthetic Base
 Micro ZR™ FCC
 Apex PFZ HN – White/Yellow
 Lava™ Noble – White/Yellow
 Celtra Base
 e.max/LIS®

If Minimal Occlusal Clearance:

- Metal/ZR Occlusal
 Reduce Opposing Tooth
 Reduce Prep
 Reduction Coping

Contacts:

- Open
 Closed

Glazing:

- High
 Regular
 Low
 Polish Only

Implants

Brand _____ Size _____

Abutment Material:

- Titanium Gold Shaded Titanium Zirconia

Abutment Type:

- Apex Patient Specific A-Zir Bridge Surgical Guide
 Apex Retrievable Manufacturer Specific Other
 Atlantis Insertion Guide

Instructions

- Please call regarding this case Return for Dr. Die Trim

Please send:

- Rx Forms UPS Labels
 Mailing Labels FedEx Ground Labels
 Boxes/Bags Speedee Labels

LAB USE ONLY

Included with case:

- Impression _____ Implant Components _____
 Opposing _____ Old Crown _____
 Bite _____ Shade Tab _____
 Impression Coping _____ Other _____
 Models _____ Date Received _____

Removable Prosthodontics

Preferred Tooth:

- Economy
 Mid
 Premium

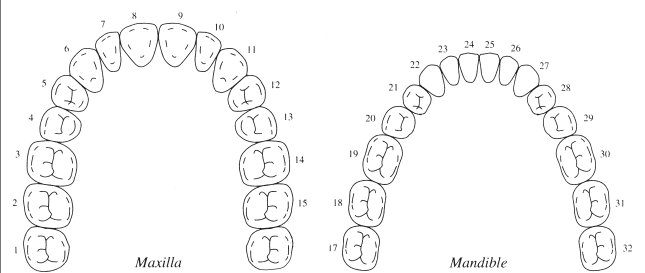
Partial Denture:

- Metal Frame
 A-Flex™ Flexible Partial
 Treatment Partial
 w/Wires
 Duracetal
 Space Maintainer

Genisis Digital Denture

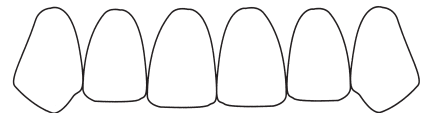
- Add AED
 Denture
 Bite Rims
 Custom Tray
 Dual Comfort
 Mouthguard
 Anti-Snore Appliance
 Processed Night Guard/Splint
 Repair/Reline/Rebase
 Other - Specify Below
 Try-In
 To Completion

Design Case



Characterization

Send study models & email digital photos for anterior work



Shade:

Finish:

Try-in:

- Please call regarding this case.

Next Appointment

Date _____ Day _____ Time _____
 Multiple unit cases require more time. Call for scheduling needs.

Doctor's signature/authorized signature _____

Date _____

License # _____

State _____

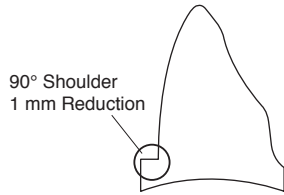
Questions, Please call 800-498-7200

Restoration Checklist and Helpful Suggestions for Optimum Restorations

- Send a bite registration with any cases involving the terminal tooth of the arch or where there is no posterior stop.
- Send a pre-op study model with all anterior cases when possible
- Check for adjacent teeth for proper contact areas, and adjust if necessary.
- Use a single, full arch tray for cases with 3 units or more.
- Take a shade before prepping teeth
- Securely wrap impressions and models, and enclose any restorations in a small box

PREPARATION GUIDELINES

STANDARD PORCELAIN LABIAL MARGIN PREPARATION



ALL-CERAMIC/COMPOSITE PREPARATIONS

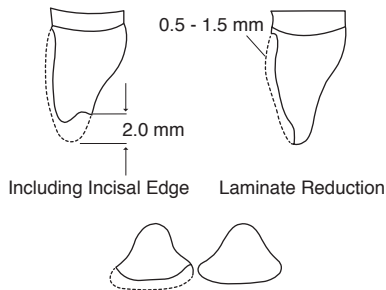
BUCCAL
LINGUAL
INTERPROXIMAL } 1.0 - 1.5 mm
INCISAL 1.5 - 2.0 mm



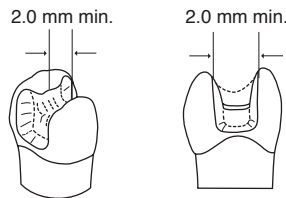
LABIAL
LINGUAL
INTERPROXIMAL } 1.0 - 1.5 mm
OCCLUSAL 1.5 - 2.0 mm



VENEER PREPARATION

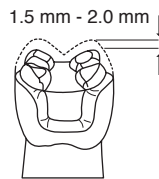


INLAY

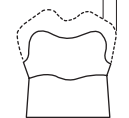


No Cavo-Surface Bevels

ONLAY

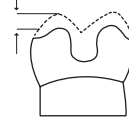


1.0 mm Wall Thickness



Facial Section

1.5 mm - 2.0 mm



Proximal Section